

**Please Return This Victims' Rights Request Form
Within Ten (10) Days of Receiving It To:
Nogales City Attorney's Office
Victim Services
777 N. Grand Avenue
Nogales, AZ 85621
(520) 285-5627**

****If our office does not hear from you within ten (10) days, it is considered that you have waived your rights as a victim and you will not be notified of any further proceedings in this case****

VictimName: _____

Case No: _____ Police Report No: _____

Defendant: _____

Charges: _____

**You Have The Right To Confer With The City Prosecutor Before The Final Decision On Your Case.
If You Would Like To Make An Appointment, Please Call (520) 285-5627.**

☐ **Request Restitution**

If you have suffered some economic loss as a direct result of this crime, you may be eligible to receive restitution from the defendant. If it cost you money for medical bills, repairs to property, loss of property, loss of wages, or other similar expenses, you need to contact either Prosecutor's Office or a Victim Advocate as soon as possible. **You must provide documentation (bills, receipts, estimates, etc.) to support your claim.**

****Note: Failure to keep your address and phone current with the Court and this office is considered a waiver of your rights as a victim.**

What is your current address and phone number?

What is the current relationship between you and the defendant?

Do you have children in common? ☐ YES ☐ NO If yes, please list how many and their ages.

Are there previous incidents of violence? ☐ YES ☐ NO If yes, when, where, and were the police involved? _____

Is the defendant working? ☐ YES ☐ NO If yes, where and what does he/she do?

Are you willing to testify if the defendant wants a trial instead of accepting a plea agreement with the City Prosecutor? ☐ YES ☐ NO

If you would like the Prosecutor's Office and the Court to have all your thoughts to impose a fair sentence, please fill out the VICTIM IMPACT STATEMENT ON THE BACK OF THIS FORM.

Victim Impact Statement

Please return to: Nogales City Attorney's Office, Victim Services
777 N. Grand Avenue, Nogales, AZ 85621

History

Did you know the defendant before the incident occurred? ☐ YES ☐ NO If yes, please indicate your relationship.

If there is a history of this type of behavior, please list all incidents, the city where they occurred, and the approximate dates.

Physical Impact

Have you suffered from any physical injury and/or disability as a direct result of this incident?

If you received any medical treatment and/or are under a doctor's care due to this incident, please explain.

Emotional Impact

How did this incident impact you emotionally? Has it affected your life?

As a result of this incident:

Have you been involved in Counseling? ☐ YES ☐ NO If yes, Where? _____
Do you have trouble sleeping? ☐ YES ☐ NO Are you constantly afraid to go outside? ☐ YES ☐ NO
Other, please explain:

Sentencing

What do you feel would be a fair sentence? ☐ Fine ☐ Jail ☐ Probation How Long? _____

☐ Not to assault, injure, threaten, or harass the victim.

☐ Not to go near the victim's residence, employment, relatives, etc. Please specify:

☐ To attend a drug/alcohol rehabilitation program.

☐ To attend a violent behavior rehabilitation program.

☐ To pay restitution. How much? _____

You must provide documentation (bills, receipts, estimates, etc.) to support your claim.

"Pursuant to A.R.S. § 13-4430 by signing this document I give my permission to share this information with the appropriate parties (prosecutors, courts, defense counsel and probation) in consideration of sentencing in this case, and if applicable to appropriate parties necessary to obtain court ordered restitution."

****The information on this form is affirmed by the victim or victim's guardian to be true and complete ****

Signature: _____ **Date:** _____

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